

Entered - 12/03/97 - sb
CL - 97L0713 - GWENDOLYN BURNS

00- *R* -1834

CLAIM OF: Clark Atlanta University
223 James P. Brawley Drive
Atlanta, Georgia 30314

For property damages alleged to have been sustained to claimant's flush
values and dorm pumps as a result of a water line repair on October 17,
1997 at 223 James P. Brawley Drive.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 97L0713

Date: November 2, 2000

Claimant /Victim CLARK ATLANTA UNIVERSITY
BY: (Atty) (Ins. Co.) _____
Address: 223 James P. Brawley Drive, Atlanta, Georgia 30314
Subrogation: _____ Claim for Property damage \$ 4,365.00 Bodily Injury \$ _____
Date of Notice: 11/13/97 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 10/17/97 Place: 223 James P. Brawley Drive
Department WATER Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that it sustained damages when its flush valves and dorm pumps were damaged during a water line repair by the city. However, claimant has failed to pursue its claim.


INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

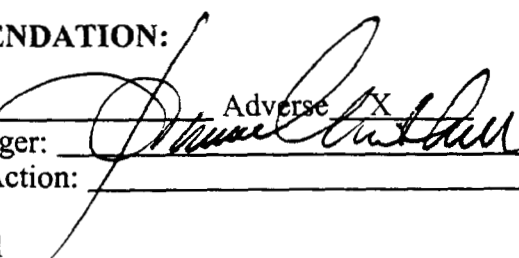
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned X

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 11-01-00
Committee Action: _____ Council Action _____

COUNCIL of the CITY OF ATLANTA
CLERK OF COUNCIL
CITY HALL
68 Mitchell Street, S.W.
Atlanta, Georgia 30303

RE: CLAIM FOR DAMAGES

NOV 13

TODAYS DATE: 6 Nov. 97
ENTERED -12-3-97- s1b
97L0713 - GWEN BURNS

11/24/97
M

Dear Sir:

This is to notify the City of Atlanta that I have suffered damages in the sum of \$ 4365.54 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of accident: Oct 17 1977 2. Police called: ✓
(month) (day) (year) (yes) (no)
3. Location of accident: 223 James P. Brawley Dr. Atlanta Ga 303
4. Name of your insurance company: _____ Policy # _____
5. State how accident occurred: City water Dept. working of pipes on campus, turned off water and they turn back on and damaged flush valves and pumps to dorm.
(use other side if necessary)
6. If a vehicular accident, complete the following and attach two (2) estimates of repair. ALL ESTIMATES AND VEHICLE DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! The registered owner must make the claim for vehicle damages.
7. Your vehicle: _____
(make) (year) (tag#) (drivers name)
8. City vehicle: _____
(make) (drivers name) (department)
9. Witness: _____
(name) (phone) (address)
10. The acknowledgment of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.

11. THIS CLAIM SHOULD BE
MAILED IMMEDIATELY TO
THE ADDRESS SHOWN ABOVE

Clark Atlanta University
(claimant)

James P. Brawley Dr.
(address)

ATTN: Sam Hayes Facilities & Operation
223 James P. Brawley Dr.

Atlanta Ga 30314
(City) (State) (zip)

00- 12-1834

404-880-8985
(home) (phone) (work)

(4) 880-6087 (Fax)